

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155774		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/01/2012	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 1101 MICHIGAN AVE LOGANSPORT, IN 46947			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 30 and May 1, 2012</p> <p>Facility number : 012036 Provider number: 155774 AIM number: NA</p> <p>Survey team: Christine Fodrea, RN, TC Julie Wagoner, RN Tim Long, RN</p> <p>Census bed type: SNF: 10 Total: 10</p> <p>Census payor type: Medicare: 10 Total: 10</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 3, 2012 by Bev Faulkner, RN.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on record review and interview, the facility failed to ensure proper medication disposition was completed for 1 of 5 residents (#11) reviewed for medication</p>			F0431	<p>F 431</p> <p>No other residents were affected by this deficiency; no residents</p>		05/15/2012

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	<p>disposition in a sample of 5.</p> <p>Findings include:</p> <p>Resident #11's closed record was reviewed on 5/1/12 at 9:45 A.M.</p> <p>A physician's order was received on 4/27/12 to discharge the resident to her home on current medications or current medications when arrangements could be made. Another physician's order was received on 4/27/12 to discharge Resident #11 with all narcotic medications.</p> <p>Review of the resident's record did not indicate a record of medication disposition for any of the resident's medications including but not limited to Hydrocodone/ APAP, Prednisone, Coumadin, Ambien, and Cozaar had been completed upon discharge from the facility on 4/27/12.</p> <p>An interview with the Director of Nursing (DN) on 5/1/12 at 10:45 A.M., indicated the facility did not have any medication disposition forms for Resident #11.</p> <p>An interview with the DN on 5/1/12 at 11:15 P.M., indicated all of the resident's medications were sent home with the resident on discharge on 4/27/12 including her narcotic medications. The</p>		<p>were harmed by this deficiency. No negative outcomes were noted because of this deficient practice.</p> <p>All nurses were in-serviced on 5/2/12 and 5/3/12 on completing the Medication Disposition Record (Attachment A).</p> <p>Director of Nursing, or designee, will perform Medication Disposition Record QA audit daily Monday – Friday for 4 weeks, weekly for 4 weeks, monthly for 4 months, then quarterly (Attachment B).</p> <p>QA audit will be monitored and evaluated by the Quality Assurance team weekly for 8 weeks then monthly thereafter. Findings will be corrected upon discovery and a summary will be reported at the monthly QA meeting to ensure compliance.</p> <p>All corrections will be in place on 5/15/12.</p>				

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	<p>DN indicated the facility had not routinely been doing medication disposition forms except when narcotic medications were destroyed. The DN provided a controlled substance record form from 4/27/12, which indicated 24 tablets of Hydrocodone/APAP, 5 milligrams (mg)/500 mg, were released to the resident upon discharge and indicated the form was signed by a nurse and initialed by the resident. The DN also provided a medication disposition record form, dated 4/29/12, for Enoxaparin 120 mg, a medication which was discontinued before the resident was discharged.</p> <p>Review of the facility policy "Medication Utilization and Disposition, expires on May 01, 2012," did not indicate a specific procedure for tracking disposition of medications upon discharge from the facility.</p> <p>3.1-25(o)</p>						